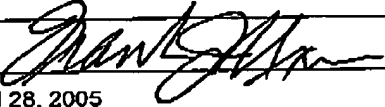
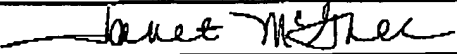


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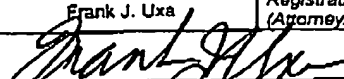
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/624,915	
	Filing Date	July 22, 2003	
	First Named Inventor	Pflueger	
	Group Art Unit	3743	
	Examiner Name	Ragonese, Andrea	
Total Number of Pages in This Submission	29	Attorney Docket Number	D-3077

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Frank J. Uxa Registration No. 25,612
Signature	
Date	April 28, 2005

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed name	JANET MCGHEE	
Signature		Date 4/28/05

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FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete If Known	
<input checked="" type="checkbox"/> Application claims small entity status. See 37 CFR 1.27		Application Number	10/624,915
TOTAL AMOUNT OF PAYMENT (\$) 240		Filing Date	July 22, 2003
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>21-0890</u> Deposit Account Name <u>Frank J. Uxa</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication <input checked="" type="checkbox"/> Credit any overpayments <small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>		First Named Inventor	Pflueger
Art Unit 3743		Examiner Name	Ragonese, Andrea M.
Attorney Docket No. D-3077			
FEE CALCULATION			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			
FILING FEES	SEARCH FEES	EXAMINATION FEES	
<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>
Application Type	Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	500	200
Design	200	100	130
Plant	200	300	160
Reissue	300	500	600
Provisional	200	0	0
Subtotal (1)			0
2. EXCESS CLAIM FEES			
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple Dependent Claims	360	180	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-20 or HP = _____ x _____			
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP = _____ x _____			
HP = highest number of independent claims paid for, if greater than 3			
Subtotal (2)			0
3. APPLICATION SIZE FEE <small>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</small>			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
-100 = _____ /50= _____ (round up to a whole number)			
Subtotal (3)			0
4. OTHER FEE(S)			
<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount) <input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount) <input checked="" type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount) <input type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount) <input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount) <input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount) <input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount) <input checked="" type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount) <input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount) <input type="checkbox"/> Filing a Brief in Support of Appeal: \$600 fee (\$250 small entity discount) <input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount) <input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount) <input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount) <input type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount) <input type="checkbox"/> Other: _____			Fee Paid (\$) 60 180
Subtotal (4)			240
SUBMITTED BY			
Name (Print/Type)	Frank J. Uxa	Registration No. (Attorney/Agent)	25,612
Signature			Telephone
			949-450-1750
			Date
			April 28, 2005